Van Derveer (A.)

REPORT

OF

TEN CASES OF GASTRIC ULCER,

ONE CASE

MALIGNANT ULCER OF THE STOMACH,

AND TWO CASES

PERFORATING ULCER OF THE JEJUNUM;

With Extracts from a Lecture by Dr. Murchison, of London, on the Subject.

BY

A. VAN DERVEER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY AND CLINICAL SURGERY IN THE ALBANY MEDICAL COLLEGE, ATTENDING SURGEON TO THE ALBANY AND ST. PETER'S HOSPITALS, MEMBER OF THE BRITISH MEDICAL ASSOCIATION, ETC.

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REPORT OF TEN CASES GASTRIC ULCER, ONE CASE MALIGNANT ULCER OF THE STOMACH, AND TWO CASES OF PERFORATING ULCER OF THE JEJUNUM,*

WITH EXTRACTS FROM A LECTURE BY DR. MURCHISON, OF LONDON, ON THE SUBJECT.

BY A. VAN DERVEER, M. D.,

Professor of the Principles and Practice of Surgery and Clinical Surgery in the Albany Medical College, Attending Surgeon to the Albany and St. Peter's Hospitals, Member of the British Medical Association, etc.

As having a bearing upon the subject of Gastric Ulcer, I wish to present several cases that have come under my own observation within the past few years. That perforating ulcer of the stomach sometimes causes sudden death is very well shown in the following two cases:

Case I.—Mr. C., aged 26, while delivering ice on the morning of October 9, 1870, was suddenly attacked with pain in the epigastric region, gave several cries of pain, fell to the sidewalk, and was soon partially insensible. Dr. P. P. Staats, who lived but part of a block away, was called, and immediately responded. He found Mr. C., in a profound collapse, scarcely able to answer questions, and had him removed to his office, where in a short time he expired. The case caused quite an excitement, some bystanders believing he had been poisoned, others calling it a case of cholera.

The friends of the deceased were willing to have a post-mortem. They stated he had complained of dyspepsia for several weeks, and had been treated for that disease; had never vomited blood to their knowledge. At 4 p. m. we held an autopsy, and found a perforating ulcer two inches from the pyloric orifice of the stomach and in front, $\frac{1}{8}$ of an inch in diameter, round, and presenting the marked appearance of having been done with a good-sized punch. The contents of the stomach had escaped into the peritoneal cavity. No evidence of peritonitis. All other organs in a healthy condition.

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*Read at the semi-monthly meeting of the Medical Society of the County of Albany, held Wednesday evening, March 24, 1880.

Case II.—March 20, 1871, I was requested by Dr. J. M. Bigelow to hold a post-mortem in the case of Mr. J., aged 54, carman, of good habits, and usually in excellent health. For some time past had complained of distress about the stomach, and at times severe pain; had vomited some. On the morning of the 19th had gone to work at an early hour; at 10 a. m. felt a severe pain just above the navel, fainted, and was brought home. Dr. B. saw him soon after, and found him in a condition of collapse, vomiting, and at times having a "cruel pain," as he termed it. From this condition he did not rally, and died at 4 p. m. The post-mortem revealed almost the same location of a perforating ulcer of the stomach, of nearly the same size as in the previous case. Other organs healthy. Brain not examined in either case.

That perforating ulcer will sometimes result from an old injury is shown in a case occurring in the practice of Dr. W. H. Bailey.

Case III.—J. S., German, carpenter by occupation, aged 57. In the fall of 1871, he received an injury over the epigastric region, which confined him to his house for some time, but from which he recovered and remained well until November 11, 1873, when he was taken with symptoms of peritonitis. Having suffered somewhat from indigestion, he was not thought to be dangerously ill, yet died suddenly on November 24, 1873.

Post-mortem was held twenty-four hours after death. Body well nourished; abdomen tympanitic; greenish discoloration of peritoneum over epigastric and right and left hypochondriac regions; also in inguinal; in right and left hypochondriac regions, a large amount of greenish-yellow fluid; the folds of intestine adherent to each other; perforation of stomach on anterior surface, midway between cardiac and pyloric orifices; also a second smaller but imperfect ulceration near the former; spleen firm; both kidneys enlarged and pale, capsules partly adherent; effusion in right pleural cavity; no adhesions of pleura; bladder distended; organs otherwise normal; heart healthy; encephalon not examined.

Case IV.—Mr. W. W., merchant, aged 69, presents what I should regard a good clinical history of gastric ulcer. He had always been a good liver, and accustomed to the use of alcoholic

and malt liquors. During the summer and fall of 1876 he complained of indigestion, and vomited a few times; but would generally get relief from bismuth or pepsine in powder and a strict meat and milk diet, the meat being given in liquid form. A careful examination could not detect any change about the liver, nor tumor in the region of the stomach. Heart and lungs normal. The diagnosis of gastric ulcer was made, and he was cautioned in every respect regarding his diet. During December, '76, and January, '77, he was very comfortable, but in the first week of February he overexerted himself, and I was called hastily to find him suffering from a severe hæmorrhage from the stomach. He had vomited a large quantity of bloody-looking fluid in one bowl and in another about a pint, the latter clotting after standing a short time.

Ice was given him and applied over the stomach, and anodynes employed. He was also ordered cold milk with lime-water. He had no more vomiting, and the next day I gave him a pill containing argenti nitras gr. $\frac{1}{4}$ and quiniæ sulphatis gr. j three times daily. He was restricted regarding his stimulants to a wineglassful of claret three times a day, and diet of liquid animal food, and milk continued.

The pills were continued, no anodyne required after the second day, and he progressed finely until April 6, when, after being engaged for some time in reaching upward, he was suddenly seized with severe pain in the region of the epigastrium, followed by vomiting a large quantity of blood. The former treatment was repeated. He was strongly urged to be very careful in his exercise or work, and all stimulants of any kind prohibited; same diet continued. This line of treatment was rigidly adhered to, and the pills continued (with the addition of ext. rhei gr. $\frac{1}{2}$ and podophyllin gr. $\frac{1}{30}$, to relieve constipation) for six months, when he appeared well and medication ceased.

Patient was now allowed more solid food; no potatoes or asparagus, but nearly every other form of vegetables; also meat in solid form.*

I believe here was a case of gastric ulcer, due probably to a too free use of stimulants and tobacco (the latter he would not

* He is now, July 1, 1880, in excellent health.

leave off), and that nature was making an effort to cure by adhesions, perhaps, but was interfered with each time by too great exertion on the part of the patient, illustrating the importance of rest in the treatment of these cases.

Case V.—May 1, 1877, I was requested by Dr. Layman, of Schoharie Court House, to see Mr. P., aged 62, a very fleshy man, who had been suffering for three days from vomiting blood. He had for some time given symptoms of dyspepsia. Habits good; no family history of carcinoma. He was now very weak. His abdominal walls were so thick that, had any tumor been present, it could not have been detected. The doctor considered the case one of gastric ulcer. I, however, feared that it might be more serious, from his pale, cachectic look, pain, and constant nausea. It was difficult for him to retain liquid diet. He was given nitrate silver, his bowels carefully regulated, and he kept perfectly quiet, ultimately making a good recovery. I was assured a few days since by the doctor that Mr. P. was in excellent health.

The case was undoubtedly one of gastric ulcer.

Case VI.—The case of Mr. J., farmer, aged 54, which I desire to report next, presents many points of interest. The notes of the case are dated November 30, 1878. Twelve years ago he was treated by his physician for what was believed to be an abscess in the upper part of the liver. He had coughed up for a long time quantities of pus. From this illness he made a good recovery, and remained in excellent health until taken on or about the 1st of December, 1877, with a dull, heavy, continuous pain in the epigastric region. In the following March he had another similar and sudden attack, but was able to keep up and around until about the 13th of May, when he was first confined to his bed.

At this time he vomited more or less frequently for a week. On the 19th of May he for the first time vomited fresh blood, after which vomiting ceased entirely for a time. The chief point of tenderness or soreness seemed to be in the region of the pyloric orifice of the stomach. Since May 19 he has been unable to attend to any duties, and has gradually grown weaker.

I saw him first August 22, 1878, while in an attack of vom-

iting blood, this being the third since May. The periods of vomiting last from twenty-four to thirty-six hours, during which time the patient vomits from seven to nine times, and copiously, raising from one to two quarts each entire period. These periods of vomiting were separated by intervals averaging about two weeks.

The vomiting leaves the patient very much exhausted, and there is considerable tenderness in the epigastric region after each attack. Solid food was discontinued late in the spring, upon the physician's order, although the patient stated that not even solid foods nor warm and sweet foods gave him any particular distress or uneasiness.

On Thursday night, August 28, 1878, he commenced vomiting again, and vomited seven or eight times up to 4 o'clock the following Saturday morning. This was the last attack of vomiting previous to the time these notes were taken. It is worthy of note that he never vomits immediately after taking food; can generally retain it for two or three hours.

On September 28, at 10 p. m., he began to vomit, and at 10:30 a. m. of the 29th he had vomited, by careful measurement, nearly five quarts.

In this time he had taken into his stomach only small portions of ice and not more than two pints of milk. When I saw him August 22 I could not detect any tumor about epigastrium, and liver, lungs and heart were healthy. I prescribed the pill nitrate silver and quinine, with rhubarb and $\frac{1}{4}$ grain extract opium, and a careful diet of liquid animal food; milk with one-sixth lime-water; no vegetables of any kind. At times he rested well, was comfortable most of the time, and did not suffer much acute pain, but did not gain in strength. He was troubled much with spitting up a serous fluid, which created the suspicion that the case might be one of cancer. The latter symptom my attention was first called to in other cases by Dr. Curtis several years ago. Bismuth, salicylic acid, pepsine, nor ingluvin would give any continuous relief. I would state that we gave him injections of beef-tea night and morning the last two weeks of his life, but without any improvement apparently; also that each time after vomiting, he would pass large quantities of bloody looking fluid for several

days afterward from his bowels. Mr. J. became very much emaciated, and died October 1, 1878.

Of the last fluid vomited, no portion coagulated. It had more the appearance of true coffee-grounds vomit.

Post-mortem twenty-four hours after death. Within an inch of the pyloric orifice of the stomach, on the posterior wall, was found an ulcer the size of a twenty-five cent piece, the edges well built up, center deep and adherent to the under surface of the liver by old and strong adhesions; half an inch back from ulcer all the other parts of the stomach appeared healthy. Left lung normal; right lung crepitant, but firmly adherent at lower portion to outer wall of the chest and upper surface of diaphragm, by old and strong adhesions. Beneath the pleura pulmonalis and upper surface of diaphragm, in the adhesions, was found an old cavity, empty, having thick cyst walls, which would hold a teacupful. On careful examination, an old cicatricial sinus was found, communicating with one of the larger bronchi. Liver healthy, but firmly adherent to under surface of diaphragm by old adhesions. This condition explains the expectoration of pus twelve years ago. Heart, kidneys, and other organs healthy. Brain not examined.

The specimens are here presented. The microscopic examination made by Dr. E. Van Slyke shows the ulcer to be cancer of the scirrhus form.

Case VII.—Mr. C., aged 62, mason, gives an interesting history.

At the age of 36 he suffered from severe cough, night sweats, and had two attacks of hæmorrhage of the lungs, but within a year he made a good recovery, and remained well until June, 1876, when he suffered from indigestion, and was treated for it and torpid liver. These symptoms did not vary much; he lost in flesh, would occasionally vomit, but continued to attend to his business. During the first week in October he vomited more constantly, with an increase of pain in the epigastric region. On the 10th he vomited blood, when I was called. The quantity was great, and some of it clotted. I found him quite weak, with marked tenderness just below the ensiform cartilage; bowels constipated, but other organs apparently healthy. I ordered a large injection, which caused a good movement of

the bowels, there being in the passage considerable blood; some powders of morphine, and over the tender spot a small blister; also to take ice, milk and lime-water. Next day he was more comfortable, when I prescribed the pill nitrate silver, quinine, ext. rhubarb and podophyllin. This patient had a slight return of hæmatemesis on the tenth day. The blisters were repeated three times, the pills continued for about four months, and castor-oil given occasionally to move bowels. At the end of that time he seemed well, and has continued in excellent health.

Case VIII.—The case of Mrs. S., widow, aged 61, would seem to show an hereditary tendency to gastric ulcer. Mrs. S. was married at the age of 18, and has had ten children. One, a married daughter, died at the age of 24, of acute phthisis; a son, aged 6, died of convulsions after measles; other children all living. Her mother vomited blood when about fifty years old, her next oldest sister vomited blood when 21 years old, and she herself vomited blood forty-two years ago, all making good recoveries, but sick for some time with what was believed to be dyspepsia. Her father died aged 54 years, of acute pneumonia; her mother died at the age of 81. Mrs. S. remained in fair health up to the night of January 6, 1879, when, without any previous warning, she felt sick at her stomach, and began to vomit blood. The quantity was quite large, and for some two or three days she remained in an insensible state. Gradually she improved, being under the care part of the time of Dr. Snow. I first saw her in this sickness May 14, 1879, when she was suffering from a third attack of hæmatemesis. She was then quite weak, and looking very pale; some tenderness in the epigastric region, no desire for food, and bowels constipated; no tumor about stomach, nor any appearance of organic disease present in the system. She was given anodynes as required; belladonna plaster over stomach; nitrate silver, liq. pernitrate iron, and quinine alternately, as medicine, and her bowels moved by the aid of injections and calcined magnesia. The latter, she said, was cooling to her stomach. A strict milk and lime-water diet was maintained at first; later, animal broths were given, and all starchy food abstained from. At the present time Mrs. S. is again in very good health. Lately

she has taken with good effect maltine with pepsine and pancreatine. As diet a baked potato is allowed, with other well-cooked vegetables. She is gaining her color, and looks very much better. Mrs. S., previous to her sickness in January, was induced to take a few doses of Vinegar Bitters, and to this she attributes her sickness.

Case IX.—The next case, that of Mrs. V., aged 37, married when 18, though not so clear as to final result, is worthy I think of recording as one of gastric ulcer. There is no history of cancer in the family. Her father died aged 62, from injury to the kidney; mother still living, aged 64; four brothers and one sister living, one sister died at the age of 11 of convulsions. She has had five children, four dying in infancy; one daughter living, aged 18. States she has always had pain in her back, and more severe about opposite the seventh dorsal vertebra; first vomited blood about ten years ago, during confinement. The vomiting continued one day and night and was a good deal in quantity; child born two days after. She made a fair recovery. Two years later she suffered for three months from chronic dysentery and diarrhœa, and every summer since has had a return of it; finds it best controlled by repeated small doses of castor oil. Six years ago she had, during her menstrual period, her second attack of vomiting blood. Since then she has had one or two attacks every year until the past six months, when it has been every month. Six weeks ago it ceased during that menstrual period, the latter being more natural. I saw her soon after this. There is great tenderness over the stomach, but no lump can be felt; food rests like a heavy load, but is not vomited; pain and throbbing pretty constant, the former not always relieved when vomiting blood. She has generally been pretty careful in her diet, but thinks it does little good; can at times eat anything. She always felt very weak after vomiting blood. Has been treated during the past year for ulceration of os uteri. I ordered small blisters over the epigastrium, and gave her $\frac{1}{4}$ grain nitrate silver three times daily; also to take from three to five ounces beef tea night and morning as an injection. Under this treatment she has steadily improved up to the present time, though to-day she states that from her fullness, and the other old symptoms about her

stomach, she feared another attack. Four blisters were used, 2 x 2 inches, applied every fourth day, and each time sprinkled with $\frac{1}{8}$ grain sulphate morphine.

Case X.—The next case is quite a remarkable one. Miss D., aged 29, in easy circumstances; mother died at the age of 31 of what was supposed to be cancer of the stomach; had had consumption for three years; no post-mortem; patient's mother's parents both died of consumption, as did also four sisters and three brothers; father was killed, his people all living to be old; no malignant disease ever known on either side aside from mother's case. Miss D. has lost two brothers of consumption, aged 17 and 19, and two sisters, aged 16 and 18. She began to menstruate in her twelfth year, and has always been regular since. She visited Europe in the fall of 1875, traveling and studying. She remained in good health until the latter part of May, 1878, when she first observed trouble about her stomach in regard to symptoms of indigestion and, as she thought, approaching dyspepsia. . She thought, also, she could discover some "lumps" in abdominal cavity, over the surface of the bowels; great loss of appetite, she lived on fluids mostly for weeks, and now had her first attack of vomiting blood. At Hanover, in the early part of August, she consulted Dr. Baer, who told her she had a rupture of some blood-vessel about the stomach, and prescribed for her, after which she improved some. She had her second attack of vomiting blood, a very large quantity, at Gœttingen in the early part of October, and then consulted Dr. Blake, who told her she had cancer of the stomach, and that she would probably not live to exceed two years. In this attack she had but little sickness at her stomach. She continued her travels from Florence through Germany and Switzerland, and enjoyed very good health, improving somewhat in flesh, although very despondent. Dr. Hall saw her at Florence, and gave an unfavorable prognosis. She had her third attack of vomiting blood in Paris, the middle of February, 1879, when she consulted M. Pæon, who examined her case very carefully, and told her she had scirrhus cancer of the stomach. At this time she vomited over a quart, much of it clotting on standing. She recovered her strength quite rapidly from this attack, and continued her journey through

Great Britain, being exceedingly well most of the time. In London she saw Dr. Radcliffe, who also told her she had cancer of the stomach, and Dr. Hall, who told her she had not. She sailed from Liverpool May 3, and on the 10th she had her fourth attack of vomiting blood, over two pints, and was much prostrated. She was now positive she could feel "lumps," more distinct about her bowels and stomach. On her arrival in New York she consulted Dr. Thomas, who expressed a doubt as to her having cancer, and Dr. Sayre was called in consultation, who told her she undoubtedly had cancer of the stomach. She was now very much depressed in spirits, and after remaining for a time in New York, she returned to Albany, and was under the care of Dr. J. W. Cox during the summer. I was first called to see her November 8, 1879, when in her fifth attack of vomiting blood, it having lasted for a week.

I made a careful examination of her case at this time, but could not detect any tumor anywhere about the abdomen. I considered the case one of gastric ulcer. She had not lost much in flesh, and did not present the cachexia of malignant disease. Her bowels being constipated, I ordered an injection to cause motion; menstruation normal. At this time I prescribed ingluvin, in 3 grain doses; but she could not retain it, nor, in fact, any other medicine. Nourishment was given in the form of rectal injections, of which she would not retain one of more than two ounces, given night and morning. She stated at times in vomiting she thought she could taste the beef-tea, a point brought out so clearly by Professor Campbell, of Georgia, in his excellent pamphlet on rectal alimentation.

On December 1, 1879, Dr. S. O. Vander Poel saw Miss D. with me, and after a very thorough examination of her case, considered it one of gastric ulcer; advised a continuance of the rectal feeding, and to give hypodermic injections of morphine to grant rest, and to stop all fluids entering the stomach by the mouth. After a few trials, she thought the hypodermic injections gave her distress in bringing on the vomiting, and she preferred the use of the morphine applied over the epigastrium by aid of blisters. Under this treatment she improved, and at the end of two weeks fluids were allowed per orem. During the

middle of February she was able to get out some, but about March 1 she had another attack of hæmatemesis.

Up to July 2, 1880, she has been able to retain food about half the time. At this date she is suffering from another attack of vomiting blood; has not menstruated since last week in March. She is now looking very well in flesh. Medication, though persevered in, has not been very satisfactory, as she really has not been able to retain medicine of any sort for many days in succession. No tumor can be felt through abdominal walls. She has been able to walk out a great deal, but cannot bear carriage riding.

Case XI.—October 14, 1879, I was kindly requested by Dr. W. H. Bailey to see Mr. L., aged 58, who gave the following history:

Printer by occupation. His habit for years had been to take about two glasses of ale daily; otherwise temperate. Uses tobacco. Aside from suffering from what he believed to be dyspepsia, he has been in good health. Nearly three years ago, quite suddenly he vomited a large quantity of fluid containing blood. Was told by Drs. Bailey and Curtis he had an ulcer of the stomach. He soon recovered under their treatment, but the dyspeptic symptoms continued. Remained at his work. Had his second attack of vomiting blood four days since, and quite a large quantity. Now looks very pale and feels exhausted, but was able to walk some distance to the doctor's office. Has for some time had a cough in the early morning, and as it continues he will spit up quite an amount of serum. No actual vomiting. There is well marked tenderness on pressure over the epigastric region, but no tumor can be detected. He has had for a long time pain in his back and soreness in the region of the seventh dorsal vertebra. Has by advice of his physicians, been careful regarding his diet. His mother died of cancer of the uterus. No other case of malignant disease known among his relatives. No consumption.

August 28, 1880, I saw Mr. L., by consent of Dr. Bailey, who told me he made a rapid recovery from his last attack of vomiting blood, and had been at his work ever since. He

now looks in excellent health. Still has the morning cough and, as he says, the dyspeptic symptoms.

In the following case, occurring in the practice of the late Dr. Moore, we have an illustration of perforating ulcer of the jejunum being the immediate cause of death.

Case XII.—Miss B., aged 14, had been suffering for six months from chronic peritonitis; died quite suddenly and unexpectedly June 30, 1876. Permission was granted to hold a post-mortem at 4 p. m. July 1, the accompanying notes being kindly taken at the time by Dr. J. M. Bigelow:

Body well nourished; no rigor mortis: ecchymotic spots on side of chest. On opening the abdominal cavity about a pint of fluid was discovered, consisting of serum, pus, and feculent matter. The peritoneum exhibited signs of acute general peritoneal difficulty. The abdominal peritoneum was studded with little black ecchymotic spots, the size of a split pea, filled with dark, grumous blood. There were also millet-seed deposits, hard and white, about the size of a pin's head. The omentum on the left side was wholly adherent to the peritoneum and intestines. The folds of intestines were glued together by adhesions, and when torn apart revealed a number of small abscesses filled with pus. A perforation, round as if drilled with a punch, was discovered in the lower end of the jejunum. Peyer's patches in the vicinity were enlarged, and had taken on ulcerative action. The coats of the intestines were studded with small ecchymotic spots, filled apparently with blood, dark and grumous, extending through the coats of the intestinal wall. The perforation was discovered on the free border of the gut. The mesenteric glands were enlarged and indurated. The liver was firmly attached to the abdominal walls by adhesions; also to the adjacent organs. The liver was fatty and very friable; spleen very soft; kidneys normal. The uterus was covered with millet-seed deposits; otherwise normal. There were discovered in each broad ligament, in the fallopian tube, the remains of old abscesses. Each presented the appearance of a small tumor, the size of a butternut, encysted, filled with a cheesy, purulent deposit, probably remains of previous salpingitis. The transverse colon was firmly adhe-

rent to the stomach and abdominal walls. Right lung firmly adherent throughout, otherwise normal; left lung slightly adherent posteriorly. Heart and brain not examined.

Case XIII.—The case of B., tramp, who was brought to the Almshouse Hospital June 4, 1878, suffering from railroad accident received a few hours previous, is quite interesting. He died about seven hours after the accident occurred, and the next day I was requested to hold the post-mortem. We found a fracture of the sixth, seventh and eighth ribs on the left side, but no other marks of injury. On opening the abdomen, the fluid contents of the bowels, quite an amount, were found free in the abdominal cavity. A careful examination discovered a perforating ulcer in the lower portion of the jejunum. It was typical in character, conical, and as if a portion of the gut had been punched out. There was no evidence of peritoneal inflammation present. His previous history was unknown. Peyer's patches did not show any evidence of disease, nor did the solitary glands.

When we consider these cases carefully, especially that of Miss D, perforating ulcer is seen to be not so easy of diagnosis as many of the books would have us believe. In her case, it is evident, the "Doctors have disagreed very decidedly."

In connection with this subject, I wish to present a few notes taken while listening to Dr. Murchison, in London, November, 1874, when he was lecturing on cancer of stomach and gastric ulcer. They seem to have a direct relation to some of the cases I have reported.

"Simple ulcer may last for years, and not cause death; may not have hæmorrhage or perforation for a long time. One form of death is from sudden perforation causing peritonitis, and yet not always fatal. Person may die suddenly after a hearty meal, and so arouse suspicions of poisoning. Simple ulcer may be a long time latent. *Diagnosis*—Sudden hæmorrhage; a fixed pain in certain part of the back; more common in women

between twenty-eight and thirty-five years of age; cancer rare under thirty-five. The symptoms in each case may be much the same.

"In cancer you have a marked cachexia; loss of flesh rapid; copious hæmorrhage very rare. There is more of a constant oozing, and the well marked coffee-grounds vomit. Cancer you can often detect, tumor not always. Microscopic examination of vomit of little true value. May have an inflamed mass in true simple ulcer. Examine with care umbilicus as to cancerous deposits there; a frequent secondary deposit when stomach is diseased. Length of time and treatment aid in distinguishing between cancer and simple ulcer. The latter generally yields to proper treatment. Cancer does not. In simple ulcer you see improvement at once, when rest and diet are looked after.

"*Treatment of Simple Ulcer.*—No solid or animal food; beef-tea and broths ought to be excluded, as they contain only certain albuminous food. Milk best; teacupful every two or three hours, or less and oftener, being very punctual as to time. We have reason to believe that ulcer actually heals, leaving a sort of puckered surface on coats of stomach. If case is very severe, no food administered per mouth for four, six or ten days. Must be very strict. Give enemata of beef-tea, to which you may add five or ten or more drops tincture opium if necessary; also arrowroot in this manner. May make beef-tea—one pound beef and half pound pancreas of ox, made into fine pulp, and simmer in pint or quart of water. Is very nutritious. Small enemas must be given; four to five ounces, and not as large even. May give with each enema, every four or six hours, a dessertspoonful of brandy. If in this way the stomach becomes quiet, you may then begin with small quantities of milk, farinaceous food, fish, etc., creeping up gradually; to return to enemata, if stomach refuses to do its work. Food to be given cold at first, and by all means keep patient in bed.

"As medicine, give opium and its compounds, bismuth, hydrocyanic acid; magnesia, if bowels must be moved, but don't hurry in this. Aquæ calcis with milk, one-fourth to one-fifth lime-water. Use blisters. Before you begin treatment in a case of this kind, it is sometimes well to clear the bowels by

an injection containing castor-oil; or you may give a mild dose of oil, but never any other cathartic. Don't irritate ulcer by giving too much medicine. Remember this.

"After the above treatment, and the stomach begins to tolerate food, you may give some mild form of iron, without any acid in it. If you are treating the bleeding, apply ice and give tannin, turpentine, and fluid extract ergot; latter, ʒj doses, or you may inject under skin five minim doses ergotine. If peritonitis is present or threatens, then under no circumstances let patient out of bed; use bed pan, urinal, etc. Allow no movement; enjoin absolute rest, and apply over abdomen ice freely. Now give opium freely; no food. Patient may sip of ice water or take small pieces of ice occasionally. Enemas now given only once or twice in twenty-four hours.

"To differentiate between cancer of the stomach and gastric ulcer a little further:

"Cancer of stomach is less rare than simple ulcer. It may be an hereditary tendency. It is more common in men, though cancer is generally more apt to occur in women. May be primary or secondary; rarely the latter, unless it spreads from pancreas or organ near. Common form, that of scirrhus; rarest, colloid and villous. More common near pylorous and in submucous tissues; will extend from pylorous upward. As disease advances you have ulceration of the mucous membrane, and then the formation of ulcers and breaking down of the hardened mass. Next, cancer is seen in the cardiac opening of stomach, but usually of the soft form and grows more rapidly; more of the colloid kind. Villous cancer is found growing from all parts of the stomach. These deposits produce changes in the size and passages of the stomach. It may so enlarge in disease of the pylorous as to be seen through the walls of the abdomen. Cancer will produce a condition of catarrh of the stomach. Hæmorrhage may result; is constant but not free, unless sloughing takes place, when it is very great. In cancer you may get perforation, but adhesions are more apt to form in this disease than in simple ulcer. In cases of sloughing there may be absorption of pus, and then we get a condition of septicemia. Sometimes we have pleurisy or pneumonia as a result.

"As to the pathology of gastric ulcer, I am rather in favor of the following: The gastric tubules secrete acid. The blood in the blood-vessels of the stomach is supposed to be more alkaline than elsewhere, but when thrombus occurs then the gastric juice rapidly digests the coats of the stomach. There is no alkaline blood to resist it, and thereby occurs the perforating ulcer, conical in appearance, wider in mucous coat, less in muscular, and still less in serous."

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N. B.—It is intended another year to publish the Journal MONTHLY.